## Hi Neighbor Volleyball 2007 Room Reservation Form March 15-18, 2007

## Crowne Plaza Resort Asheville

Phone: 1-800-733-3211 Fax: 1-828-254-1603

## Please complete a separate reservation form for each room.

Date:	Team Name:		
Name:			
Address:	City:	State:	ZIP: _
Phone:	Fax:	Email:	
Arrival Date:	Departure Da	ite:	
Number of people in room Single (1) Do Smoking N	n – check one:  puble(2)Triple on-Smoking(co	e (3)Quad	1 (4)
*Maximum 4 to a room (Room types are not guara	anteed, but we will try to accor	mmodate each reservati	on.)
(price includes tax) Roll.  Payment for one night'	One or Two persons \$98.79 per room \$197.58 per room Aways are \$12.84 each per nig s room and tax for each roo out credit card number on the	om due at time of res	oom oom y. <b>ervation</b> . Rooms
2007. No refunds due to	One night's deposit is non-refu o lack of hot water or noise. ailable until February 15 or un	The hotel will be sold	•
and approve deposit refut there is stray refuse on ca normal use, as determined	t time of check in. Prior to conds if the room is deemed accurate and/or furniture, spilled and by the Resort management.	ceptable. Deposit will alcoholic beverages or of The Resort will provide	not be refunded if debris in excess of
Credit Card Number: Check Number:		Expiration D	ate:
Names of Persons in roon  1) 3)	n:2)		•